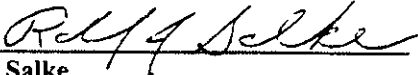
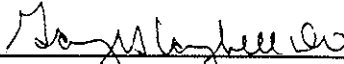


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL


IS11-60 Health Record Format
 and Contents (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


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Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures that appropriate medical forms are used and maintained in uniform order in the offender's medical record.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **POMR:** POMR stands for Problem Oriented Medical Record.
- B. **SOAP Format:** This format is a charting/recording process which reflects Subjective complaints, Objective findings, an Assessment, and a Treatment Plan.
- III. **PROCEDURES:**
- A. A medical record should be established on an offender at the time of the offender's initial receiving screening at a diagnostic center.
- B. A problem-oriented medical record (POMR) format is to be used. The medical records should consist of problem oriented documentation, such as a problem list, and progress notes in the SOAP format.
- C. All clinical encounters and findings should be recorded in the medical record in compliance with the established format.

Effective Date: October 15, 1999

- D. All information should be documented or filed in the medical record as soon as possible in compliance with the established format.
- E. All information and documents in the medical record should have the date and time noted, be legible, and be authenticated by a method that identifies the author. This identification may be by written signature, initials, rubber stamp, or computer signature.
- F. Physician reviews of all laboratory, radiology, EKG, and consultations, etc., should be authenticated by the electronic signature (or initials on hard copy) of the reviewing physician and the date reviewed.
- G. The health record should be complete and at a minimum includes these paper or computer documents:
 - a. identifying information (i.e., offender name, identification number, date of birth, sex);
 - b. problem list (including allergies);
 - c. receiving screening and health assessment forms;
 - d. all significant findings, diagnoses, treatments, and dispositions;
 - e. prescribed medications with the dose, route, and length of time ordered;
 - f. reports of laboratory, x-ray, and other diagnostic studies;
 - g. progress notes;
 - h. consent and refusal forms;
 - i. release of information forms;
 - j. operative reports, discharge summaries and other pertinent information from inpatient and outpatient hospital stays;
 - k. results of specialty consultations, including on and off-site consultations;
 - l. special treatment plans if necessary;
 - m. place, date and time of each clinical encounter;
 - n. signature and title of author of each document;
 - o. immunization records;
 - p. results of consultation and off-site referrals for treatment;

Effective Date: October 15, 1999

- q. Medication Administration Record (MAR).

IV. ATTACHMENTS:

- A. Medical Record Format

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-60

VI. HISTORY: This policy previously covered by IS11-59 and IS11-59.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

Green Six-Part Medical Record

Medical Record Format

A	B
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C	D
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E	F
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Filing Instructions

Section "A" Contents

Problem List (Yellow)
TB Screening Packet (TB Screen, MSR, CXR,
Lab, Information Sheet, MAR) (Leave Intact!)
Physical Exam (History & Physical #7107)
Intake Mental Health Screening
Medical Transfer Summary
Food Service Clearance
Face Sheet

Section "B" Contents

Interdisciplinary Progress Notes
Physician Progress Report
Nurses Progress Report
Medication Administration Record (MAR)
Physician Order Sheet
Medication Sign Sheet

Section "C" Contents

Chronic Care Clinic
Consults/Specialties
Infirmary Chart (Entire infirmary items intact)
Outside Emergency Room Encounter

Section "D" Contents

Dental (Includes dental MSR, X-ray, Treatment
Record)
Psychology
Mental Health Admits (SRU, Biggs)

Section "E" Contents

Eye Information (MSR, Receipts for glasses)
Audiology
Laboratory (Include HIV, RPR, AIDS Education
Label)
Radiology (x-ray reports)
EKG, EMG, EEG
All Diagnostic Tests

Section "F" Contents

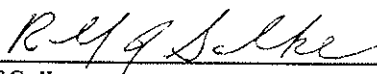
Medical Service Requests (MSR)
CMS Patient Education
Past MSRs (Old Records)
Medical Lay-ins, Medical Appts
Health Status Evaluation
Suicide Watch


Note: Place Yellow Positive PPD Labels on bottom left inside of Section A.
Place Allergy Labels on right corner of white record label.
Place Chronic Care Labels on left side of white record label.


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

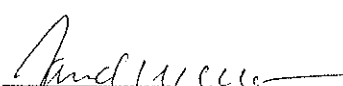
IS11-73 Advance Directives

Effective Date: August 29, 2003


Ralf Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure is designed to provide a competent offender with an opportunity to make legal decisions concerning the refusal of medical care and/or the artificial prolonging of the dying process. This procedure also provides a competent offender with an opportunity to appoint an agent to make health care decisions if, at a subsequent time, the offender is unable to make certain health care decisions. The appointment of an agent is authorized by a durable power of attorney for health care decisions.

A. **AUTHORITY:** 217.175, 194.005, 215.320, 459.015 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedures specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

This procedure applies to all offenders admitted to the Missouri Department of Corrections.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Advance Directives:** A general term used to describe when a person communicates in advance, health care directives to be implemented in the event he/she loses the capacity to make or communicate his/her decisions. For the purpose of this procedure a completed, signed, witnessed and notarized Health Care Directives/Durable Power of Attorney for Health Care Decisions (Attachment A) or a written directive signed, witnessed and notarized on behalf and at the direction of the offender in his/her presence, is an advance directive.

B. **Competent Offender:** An offender who is:

1. at least 18 years of age or older,
2. of sound mind, and
3. able to receive and evaluate information and communicate decisions.

Effective Date:

- C. **Death (Legal Definition): Missouri Revised Statutes, Chapter 194, Death – Disposition of Dead Bodies, Section 194.005:** For all legal purposes, the occurrence of human death shall be determined in accordance with the usual and customary standards of medical practice, provided that death shall not be determined to have occurred unless the following minimal conditions have been met:
1. when respiration and circulation are not artificially maintained, there is an irreversible cessation of spontaneous respiration and circulation, or
 2. when respiration and circulation are artificially maintained and there is a total and irreversible cessation of all brain function, including the brain stem and such determination is made by a licensed physician.
- D. **Durable Power of Attorney for Health Care Decisions:** A document that allows an offender to name a person to make healthcare decisions for him/her.
- E. **Healthcare Directives:** A document that allows an offender to state in advance his/her wishes regarding treatments that may prolong his/her life.
- F. **Incapacitation:** A condition in which an offender is unable to evaluate information or communicate decisions concerning essential matters such as consumption of food, use of clothing or the need for shelter and safety to the extent that physical injury, illness or disease would be likely to occur.
- G. **Life-Prolonging Procedures:** A medical procedure or intervention which would service only to artificially prolong the dying process and which, in the judgement of the attending physician relying upon usual and customary medical standards, would not prevent death from occurring within a short period of time. Under Missouri law, life-prolonging procedures do not include medication or procedures necessary to provide comfort care, pain relief, hydration or nutrition to an offender who is incapacitated or incompetent.
- H. **Physician/Attending Physician:** A physician is a person licensed to practice medicine and/or surgery by a state licensing authority. An attending physician is a physician with primary responsibility for the treatment and care of the offender.
- I. **Revocation:** When an offender communicates, in any manner, his/her wishes to discontinue or change a health care directive or a durable power of attorney for health care decisions.
- J. **Terminal Illness and/or Injury:** A progressively deteriorating condition that is life threatening and determined to be incurable with current available technology. Death would be anticipated from this illness or injury within foreseeable future, regardless of the administration of life-sustaining treatment.

III. PROCEDURES:

- A. Upon admission to the department of corrections, the medical unit should provide the offender with a copy of the Advance Directive Information Packet (Attachment B). The packet contains information concerning the right to accept or refuse medical treatment and the right to complete a Health Care Directives/Durable Power of Attorney for Health Care Decisions form.
1. The Health Care Directives/Durable Power of Attorney for Health Care Decisions is a 2-section form.

Effective Date:

- a. One or both sections may be completed.
 - b. When either section of the form is completed, the offender must sign and date the document in the presence of 2 staff witnesses and a notary public.
- B. A Health Care Directives/Durable Power of Attorney for Health Care Decisions form may only be completed by a competent offender.
1. If staff question an offender's competence to complete an advance directive, mental health unit professionals should be contacted for an assessment of the offender's competence.
- C. If a competent offender does not have an advance directive, medical staff should provide the offender with a copy of the Health Care Directives/Durable Power of Attorney for Health Care Decision form.
1. If the offender wishes to complete a different advance directive form, he/she should be encouraged to contact his/her attorney or to write to the Midwest Bioethics Center, 1021-1025 Jefferson Street, Kansas City, Missouri 64105, a community based center which assists health care providers in health care decision making.
 2. A health care directive may also be written, dated and signed by a person acting upon the offender's direction and in the offender's presence in front of 2 witnesses and a notary public.
- D. The advance directive should be completed in the presence of 2 staff witnesses and a notary public.
1. Unit team staff or medical and nursing staff may serve as witnesses.
 2. Staff should advise the offender that a copy of the Health care Directives/Durable Power of Attorney for Health Care Decisions form must be filed in the medical record of the offender before the advance directive may be honored.
 3. The original completed form should be provided to the medical records department.
 4. The medical records department will record it in the electronic medical record and file it in the offender's medical file.
 5. The medical records department will provide a copy of the advance directive to the offender.
- E. Health care staff will ensure that a copy of the offender's Health Care Directive/Durable Power of Attorney for Health Care Decisions form accompanies the offender for any inpatient admittance to an outside hospital.
1. This document may be faxed.
- F. Revocation of an offender's advance directive:
1. An advance directive may be revoked by the offender at any time and in any manner.
 2. If an advance directive is revoked, a physician should document to revocation on the original Health Care Directives/Durable Power of Attorney for Health Care Decisions Form.

Effective Date:

3. The offender must sign and date the revocation.
 4. The revocation will be documented in the computerized medical record and on the front cover of the medical file.
 5. The form will be placed in the medical file.
- G. Procedures for completion of a Durable Power of Attorney for Health Care Decisions:
1. If the offender wishes to complete a Durable Power of Attorney for Health Care Decisions, the form should be completed, signed, and dated in the presence of 2 staff witnesses and a notary public.
 2. Staff members and other offenders may not be appointed as agents for making health care decisions outlined in an offender's Durable Power of Attorney for Health Care Decisions. Exceptions will be considered on a case by case basis by the attending physician.
- H. Staff members must abide by an offender's advance health care directives when:
1. the advance health care directives form is appropriately completed and filed in accordance with standard operating procedures;
 2. the offender is unable to make decisions, and
 3. no conflict exists with any legislative or other authorized regulatory body.
- I. A physician who refuses to obey the health care directive due to potential legal conflicts or serious ethical issues must document the reasons for refusing to obey the health care directive in the medical record.
1. Any such situation must be documented and immediately referred to the regional medical director/designee.
 2. If unable to resolve the situation, the regional medical director/designee will refer it to the regional counsel for review, through the attorney advisor.
- J. Comfort care measures, including pain relief, will continue to be provided up to the point of death.
1. Artificially supplied nutrition and/or hydration may be withdrawn if the health care provider believes that such only serves to prolong the dying process without providing benefit to the patient.
 2. Before the decision to withdraw artificially supplied nutrition and/or hydration may be effected, a physician must:
 - a. attempt to explain to the offender, the offender's durable power of attorney and/or responsible family member, that he/she recommends withdrawing treatment,
 - b. explain the consequences of withdrawing treatment,
 - c. provide the offender, the durable power of attorney or responsible family member with the opportunity to accept or decline treatment, and

Effective Date:

- d. if the offender is incapacitated, document in the medical record that the offender is comatose or consistently in a condition, which make it impossible for the offender to understand the effects of withdrawal of treatment.
 3. The regional medical director/designee will be notified of all completed health care directives if an offender is being considered for initiation/withdrawal of life prolonged procedures.
- K. Procedures for Implementing a Durable Power of Attorney:
 1. Unless the Durable Power of Attorney for Health Care Decisions form provides a different provision, it is effective when 2 licensed physicians determine that the offender is incapacitated.
 - a. The attending physician and another physician must document in the offender's medical record that the offender is incapacitated.
 2. Medical staff will immediately contact the agent appointed in the Durable Power of Attorney for Health Care Decisions.
 - a. When staff contact the agent, he/she should request the instructions form the agent concerning future health care decisions that may affect the incapacitated offender.
 - b. The agent has the same authority as the offender to receive information regarding proposed medical care.
 - c. The agent may review the offender's medical records when the offender is unable to communicate his/her medical wishes.
 - d. The agent may not delegate his/her authority to make health care decisions to any other person unless the Durable Power of Attorney for Health Care Decisions expressly authorizes such a transfer of authority.
 3. Medical staff must notify the superintendent/designee, attorney advisor, superintendent, department of corrections legal counsel and assistant director/medical services must be notified in writing, by the attending physician, when medical care for an offender constitutes a life-prolonging procedure and staff propose to withdraw a medical procedure or limit medical intervention due to the terms of a Health Care Directives/Durable Power of Attorney for Health Care Decisions form.

IV. ATTACHMENTS

- A. 931-4371 Health Care Directives/Durable Power of Attorney for Health Care Decisions
- B. Advance Directive Information Packet

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-I-04 End-Of-Life Decision Making – *important* and P-G-12 Care For the Terminally Ill – *important*.
- B. U.S. Department of Justice, Federal Bureau of Prisons, U.S. Medical Center for Federal Prisoners, Springfield, MO., Policy Number SPG-6031.02c, April 6, 1999.

Effective Date:

- C. Council on Ethical and Judicial Affairs, American Medical Association, "Guidelines for Appropriate Use of Do-Not-Resuscitate Orders", JAMA, April 10, 1991, Vol. 265, #14, p.1870.
- D. Clark Chipman et al., "Criteria for Cessation of CPR in the Emergency Department", 10 ANNALS EMERG. MED. Note 17 at 4-16 (1981).
- E. Midwest Bioethics Center, 1021-1025 Jefferson Street, Kansas City, MO 65105.

VI. HISTORY: This policy was originally covered by IS11-73 located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: March 26, 2003

- A. Original Effective Date: March 26, 2003
- B. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

It is important to choose someone to make healthcare decisions for you when you cannot. Tell the person (agent) you choose what you would want. The person you choose has the same right as you do to make decisions and make sure your wishes are honored. If you **DO NOT** choose someone to make decisions for you, write **NONE** on the line for the agent's name.

I appoint the person named below to be my agent to make healthcare decisions for me when and only when I cannot make decisions or communicate what I want done. This is a **Durable Power of Attorney for Healthcare Decisions** and the power of my agent shall not end if I become incapacitated or if there is uncertainty that I am dead. This revokes any prior **Durable Power of Attorney for Healthcare Decisions**. My agent may not appoint anyone else to make decisions for me. I and my estate hold my agent and my caregivers harmless and protect them against any claim based upon following this **Durable Power of Attorney for Healthcare Decisions**. I grant to my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment. In exercising this power, I expect my agent to be guided by my directions as stated in my healthcare directions (see 2nd page). My agent is also authorized to:

- Consent, refuse or withdraw consent to any care, treatment, service or procedure (including artificially supplied nutrition and/or hydration/tube feeding) used to maintain, diagnose or treat a physical or mental condition;
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organizations, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as my agent shall deem necessary for my physical, mental, or emotional well-being; in event I receive medical parole;
- Request, receive and review any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; execute any releases of other documents that may be required to obtain such information;
- Move me into or out of any institution for the purpose of complying with my Healthcare Directions or the decisions of my agent; in the event I receive medical parole;
- Take legal action, if needed, to do what I have directed;
- Make decisions about the disposition of my body; and
- Become my guardian if one is needed.

If you **DO NOT** want the person (agent) you name to be able to do any of the above things, draw a line through it, and put your initials at the end of the line.

AGENT'S NAME

ADDRESS

TELEPHONE NUMBER

If you do not want to name an alternate, write "none"

FIRST ALTERNATE AGENT

NAME

SECOND ALTERNATE AGENT

NAME

ADDRESS

ADDRESS

TELEPHONE NUMBER

TELEPHONE NUMBER

SIGN HERE for the ☐ Durable Power of Attorney and/or ☐ Healthcare Directive sections. Please ask two (2) persons to witness your signature who are not related to you nor financially connected to you or your estate.

SIGNATURE

DATE

WITNESS

DATE

WITNESS

DATE

NOTARIZATION

NOTARY PUBLIC EMBOSSE OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC NAME (TYPED OR PRINTED)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

HEALTH CARE DIRECTIVES/DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

This document has two sections - you may complete one or both - the **SIGN HERE** section must be completed with witnesses and be notarized.

I, _____, SS# _____, DOC# _____
want everyone who cares for me to know what health care I want when I cannot let others know what I want.

I always expect to be given care and treatment for pain or discomfort even when such care might shorten my life, make me feel like not eating, slow down my breathing, or be habit-forming.

I want my doctor to try treatments that may get me back to an acceptable quality of life. By acceptable quality of life, I mean living in a way that lets me do the things that are important and necessary to me. Those things are: _____

Examples: the ability to ☐ recognize family or friends ☐ make decisions ☐ communicate
☐ feed myself ☐ take care of myself

I direct that no treatment be given just to keep me alive when I have

☐ a condition that will cause me to die soon, or

☐ a condition so bad (including substantial brain damage or brain disease) that there is no reasonable hope that I will regain a quality of life acceptable to me (as described above)

Please carefully review the treatment options listed below. After reviewing, make your decision as to whether you wish to have each option provided to you in the situations listed above. Place your initials in the column which reflects your decision.

When I have one of the above conditions, the treatments I DO NOT want include:

	YES (I DO WANT THIS PROVIDED)	NO (I DO NOT WANT THIS PROVIDED)
surgery		
doing things to start my heart or breathing, if either stops (CPR)		
medicine to treat infections (antibiotics)		
artificial kidney machine (dialysis)		
breathing machine (respirator, ventilator)		
food or water given through a tube in the vein, nose, or stomach (tube feedings)		
blood transfusions		
other treatment _____		

My other directions include: _____

Talk about this form and your ideas about your health care with the person you have chosen to make decisions for you, your doctor(s), family, friends, and clergy, and give each of them a completed copy. You may cancel or change this form at any time. You should review it every so often. Each time you review it, put your initials and date here _____

Be sure to sign the back page of this form.

Preparing an Advance Directive

Advance directive is a general term to describe both a Healthcare Directive and Durable Power of Attorney for Healthcare Decisions. It is a term also used to refer to living wills and informal directives people may set down in letters or conversations.

An advance directive allows you to communicate your healthcare preferences after you have lost the capacity to make or communicate your decisions. Since 1991, the U.S. Supreme Court has recognized that adults with decision-making capacity have a constitutional right to refuse any medical treatment, including ventilators and feeding tubes. State laws also authorize you to name a person to make healthcare decisions for you when you cannot.

This advance directive has been developed to help you document your wishes about healthcare. It has two parts:

1. **Healthcare Directives:** a document that allows you to state in advance your wishes regarding treatments that may prolong your life, and
2. **Durable Power of Attorney for Healthcare Decisions:** a document that allows you to name a person to make healthcare decisions for you.

These documents are intended to ensure that your wishes will be known and followed. They will be more helpful and informative if you discuss your wishes with your family, friends, and healthcare providers as part of your advance care planning. These documents become effective only when you can no longer make or communicate decisions for yourself.

The Benefit of Communication

The greatest benefit of your advance directive is its power to communicate your wishes. Discuss your advance directive with your doctor, and make your wishes about healthcare known to family, friends, clergy, your attorney (if you have one), and others who may carry out your wishes.

Frequently Asked Questions about Advance Directives

1. How is your Healthcare Directive different from a living will?

The Healthcare Directive is similar to a living will because it is a signed, dated, and witnessed document that allows you to state in advance your wishes regarding the use of life-prolonging treatment. A difference is that most living wills apply only when you are terminally ill; the Healthcare Directive becomes effective whenever you lose your ability to make and communicate decisions.

2. Do I need both a Healthcare Directive and a Durable Power of attorney for Health Care Decisions?

While it is useful, it is not necessary to have both. Because healthcare is complex, situations may arise that your Healthcare Directive does not cover. To anticipate such events, you should name a person (agent) you can trust to make decisions for you. Be sure to discuss your Healthcare Directive with your agent.

3. How is the Durable Power of Attorney for Healthcare Decisions different from other powers of attorney?

Powers of attorney usually address business and financial matters, and are no longer in effect when you lose decisional capacity unless they are “durable.” A Durable Power of Attorney for Healthcare Decisions allows you to name a person (agent) to make healthcare decisions for you. It takes effect only when you lose the ability to make or communicate your own decisions. Some people choose to name separate agents for business and healthcare decisions and must use separate documents to do so. This document addresses healthcare matters only.

4. Whom should I name as my agent?

It is important that you name a person as your agent who knows your goals and values, and whom you trust to carry out your wishes. You may name a family member, but it is not necessary to do so. You might choose your spouse, an adult child, or a close friend. Be sure to talk with your agent about your wishes in detail and confirm that he or she agrees to act on your behalf.

5. If I have already completed a living will, or other advance directive, do I need a Healthcare Directive and/or Durable Power of Attorney for Healthcare Decisions?

Your living will may not be as comprehensive as the Healthcare Directive, and may not allow you to name an agent. If you decide to complete the Healthcare Directive and/or Durable Power of Attorney for Healthcare Decisions, notify persons to whom you have distributed your living will and give them a copy of your new advance directive. It is always a good idea to review any previously completed documents and discuss any needed changes with your healthcare providers.

6. Do I need an attorney to make a Healthcare Directive or a Durable Power of Attorney for Healthcare Decisions?

No. However, you may want to discuss your advance directive with your attorney, if you have one.

7. Do advance directives need to be witnessed or notarized?

Yes. Witnessing and notarizing requirements vary from state to state, however, and from document to document. States typically require witnessing by two adults, and they may limit who may witness. Some states disqualify persons as witnesses who are related to you, who will inherit from you or for whom you are financially responsible. Because of state-to-state differences, it is a good idea to have advance directives both witnessed and notarized.

8. What do I do with my advance directive after I've completed it?

- Make copies of your advance directive to provide to any agent(s) named in your Durable Power of Attorney for Healthcare Decisions and other appropriate individuals (i.e., physicians, family, friends, clergy, and attorney).
- Discuss the details of your advance directive with these individuals.
- Ask your physician to make it part of your permanent medical record.
- Whenever you are hospitalized, take a copy with you.

9. When does my advance directive go into effect?

So long as you can make decisions, it is both your right and your responsibility to make your own decisions. Your advance directive goes into effect only when you are no longer able to make or communicate your decisions.

10. How long will my advance directive be effective?

Your advance directive is effective until the time of your death. It is recommended that you review your advance directive periodically, especially when there is a change in your health status. Each time you review it, re-date and initial it, and discuss any changes with your family, friends, and physician.

11. May I change or revoke my advance directive?

Yes, you may change or revoke it at any time, either verbally or in writing.

12. Will my advance directive be valid in another state?

Yes, especially if it is both notarized and witnessed. The right to make an advance directive has been constitutionally affirmed.

13. Can I expect healthcare providers to carry out the directions in my advance directive?

Yes, you should expect that your directions would be carried out. Healthcare providers have both legal and ethical duties to respect patient directions, whether verbal or written, within any limitations of state law. Your directive is more likely to be honored if you have discussed it with your family and those who care for you, and have named an agent to act on your behalf. If your directive is not being honored, your agent or family should ask for help from your physician, caseworker, or Missouri Department of Corrections Contract Monitor.

14. Will my advance directive be honored in an emergency situation?

It depends on whether the provider is aware of your advance directive. However, after the emergency situation has passed, you should expect treatments that you have stated you do not want to be withdrawn or withheld.

15. Can my advance directive or decisions made by my agent, be overridden by my family members?

Advance directives and decisions made by an appointed agent are morally and legally binding. In practice, however, they are sometimes overridden. The best assurance that they will not be overridden is conversation about these matters with your family and healthcare providers.

16. Can someone else complete an advance directive for me without my participation?

No. An advance directive is your statement of your preferences.

17. May I request that artificially administered food and water (e.g., tube feedings) be withheld or withdrawn?

Yes. A clear and specific request in your advance directive should be honored, and may be required in some states.

18. May I state my wishes for donating organs or tissues in my advance directive?

Yes. You may also want to complete an organ donor card, and discuss your wishes with your family.

19. How can I describe what an “acceptable quality of life” means to me?

- Do religious values influence your treatment decisions? (If so, how?)
- How important is it for you to be able to care for yourself?
- What kind of living environment would you be willing to accept?
- How important is it to you to be able to recognize family and friends?
- What is your own “bottom line”? Under what circumstances would dying naturally be preferable to sustaining life?

You are encouraged to have conversations to clarify your preferences with those who care for you.


The time you take now to express your choices regarding end-of-life care will give you and your loved ones peace of mind.

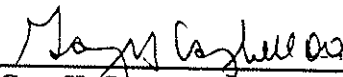
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL


IS11-72

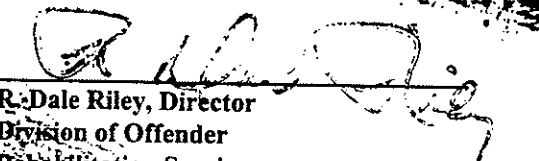
Medical Research
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, DO
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that any biomedical or other research using offenders as subjects is consistent with established ethical, medical, legal, and regulatory standards for human research.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Medical Research:** Defined as any scientific and diligent study, investigation, or experimentation in order to establish facts and analyze their significance concerned with any phase of medical science.
- III. **PROCEDURES:**
- A. Offenders should not be used as subjects for biomedical, chemical or behavioral experimentation at any medical unit.
- B. Participation of offenders in studies of the possible causes, effects, and processes of incarceration; studies on conditions particularly affecting offenders as a group; and research on practices, both innovative and established, which are intended and reasonably probable to improve the health and well being of the subject may be permitted under proper conditions and with appropriate external reviews.

- C. Persons wishing to conduct research studies involving offenders should seek written approval from the offender and the CMS regional medical director and the department.
- D. Persons conducting research studies involving offenders should be knowledgeable and should strictly adhere to pertinent federal regulations. The Code of Federal Regulations (45 CFR 46, revised as of March 6, 1983) has established appropriate special provisions that protect offenders involved in research activities.
- E. The collection of aggregate data from record reviews, as long as patient confidentiality is maintained is not prohibited.
- F. Participation by offenders in clinical trials where there is some potential benefit to the participants themselves, provided federal regulations are followed, is not prohibited.

IV. ATTACHMENTS:

- A. None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-72
- B. Code of Federal Regulations: 45 CFR 46, Rev. March 6, 1983.

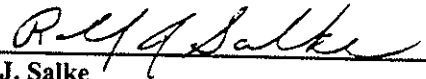
VI. HISTORY: This policy previously covered by IS11-68 and IS11-68.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

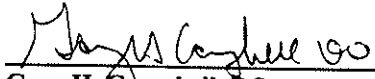
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

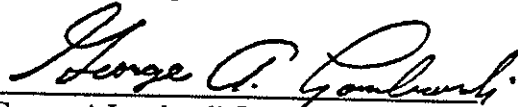
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

IS11-71 Right to Refuse Treatment
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, DO
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that an offender can refuse, in writing, specific health evaluations and treatment.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Right to Refuse Treatment:** An offender's decision to refuse or discontinue medical treatment, even though advised by competent medical personnel to consent or continue.
- III. **PROCEDURES:**
- A. The refusal of treatment should be in writing and describe the nature of the condition for which evaluation, treatment or care is offered and the service to be offered to the offender, and possibility that adverse effects may result from such refusal.
- B. The Refusal of Treatment Form (Attachment A) should become a part of the offender's permanent medical record.

Effective Date: October 15, 1999

- C. Offenders should not be allowed to give a blanket refusal to treatment. Care should continue to be offered to the offender, with a written refusal of treatment obtained each time care is refused.
- D. The signature of the offender refusing services with the signature of two witnesses, who acknowledge that the offender read the refusal form or had it read to him/her in a language understood by the offender, is required for a written refusal of treatment.
- E. Refusal of treatment and additional refusal to sign the Refusal of Treatment form should be witnessed by two (2) individuals. Both witnesses should sign the Refusal of treatment form documenting verbal refusal. Additional documentation in the offender's medical record should state that the offender would not sign a written refusal of treatment, that verbal refusal of treatment was obtained, that the verbal refusal of treatment was witnessed, and the offender was verbally counseled as to the possible adverse consequences the refusal might cause.
- F. Health care staff should counsel offenders against refusals of treatment, including offenders who repeatedly do not keep clinic appointments, and should continue to counsel offenders who have refused a particular treatment, when they believe it to be in the patient's best interest. Each counseling session provided to offenders regarding refusals of treatment should be documented in the offender's medical record.
- G. The medical director should be notified of any additional need for counseling against a refusal of treatment. The notification of the medical director as well as the counseling session provided by the medical director should be documented in the offender's medical record.
- H. The medical director should provide referrals to a psychologist, or to legal counsel, if indicated. Such notification should be documented in the offender's medical record.
- I. The medical director should notify the superintendent/designee if refusal of treatment may result in a life-threatening condition. Such notification should be documented in the offender's medical record. Infirmity placement should be considered by the medical director
- J. The medical director should notify the superintendent/designee if an offender's condition deteriorates and refusal of treatment continues. Such notification should be documented in the offender's medical record
- K. A refusal of treatment which does result in a life-threatening condition should be reported immediately to the regional manager, regional medical director, and the department. The regional manager and the regional medical director shall contact the proper legal counsel to seek a court order for treatment.

IV. ATTACHMENTS:

- A. 931-1832 Refusal of Treatment Form

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-71

VI. HISTORY: This policy previously covered by IS11-65 and IS11-65.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION _____

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____
MUST COMPLETE

☐ 2. Dental care/treatment _____
MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (10-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION _____

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____
MUST COMPLETE

☐ 2. Dental care/treatment _____
MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

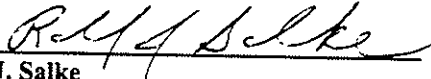
OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

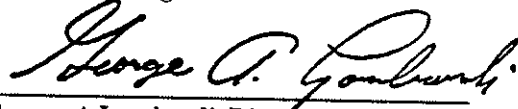
MO 931-1832 (10-99)

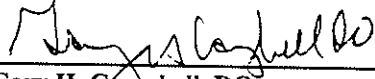
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

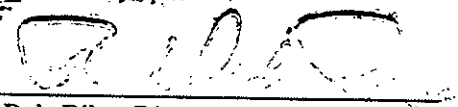
IS11-70 Informed Consent
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


George A. Lombardi, Director
Division of
Adult Institutions


Gary H. Campbell, DO
Regional Medical Director


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures that offenders have all of the information presented to him/her in order to make an educated decision regarding treatment, procedures, examinations, risks and possible adverse effects.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Consent:** The granting of permission from an offender to medical staff for a medical procedure to be carried out. Informed consent requires that the offender has been informed of the details of the procedure including the risks, the possible adverse effects, if any; and the signing of a document stating willingness for the procedure to be performed.
- III. **PROCEDURES:**
- A. The signing of a Written Informed Consent Form (Attachment A) is required in the following instances (but not limited to:)
1. central line placement
 2. blood transfusions

Effective Date: October 15, 1999

3. extractions of teeth
 4. scope procedures
 5. IVP procedures
 6. any procedure where dye is injected
 7. surgical procedures
 8. any procedure where there is a substantial risk or a significant potential for an adverse effect.
- B. Verbal consent should be obtained for all other procedures performed on offenders (ie: rectal exams, pelvic exams, etc.)
- C. The offender should be informed of the planned procedure, all risks, all possible adverse reactions, and any reasonable alternatives to the procedure. This information should be documented in the offender's medical record.
- D. The informed consent should be witnessed by two (2) staff members. The witnesses signatures denote witnessing of the offender's signing the consent form and agreeing to the procedure.
- E. The offender should be questioned as to his/her understanding of the proposed medical procedure by the physician or dentist prior to the start of the procedure. This should be documented in the offender's medical record
- F. Implied consent is assumed if the offender has requested health care in writing and does not verbally refuse recommended care and does not require the signing of an informed consent form.
- G. Exceptions to obtaining informed consent must be in accordance with state and federal laws and regulations. Examples of such exceptions are:
1. an emergency which requires immediate medical intervention for the safety of the offender, unless the offender has previously designated otherwise (i.e., Do Not Resuscitate Order, Living Will, etc.).
 2. emergency care involving offenders who do not have the mental capacity to understand the information given.
 3. public health matters, such as communicable disease treatment.
- H. The physician should document in detail the circumstances of the emergency in the offender's medical record, if medical care must be rendered without first obtaining a signed Informed Consent Form.

Effective Date: October 15, 1999

- I. The next of kin, guardian, or legal custodian should be contacted in order to obtain an Informed Consent when the offender does not have the mental capacity to understand the information given or to make an informed decision for non-emergent procedures.

IV. ATTACHMENTS:

- A. 931-3631 Informed Consent Form

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-70

VI. HISTORY: This policy previously covered by IS11-64 and IS11-64.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INFORMED CONSENT

DATE

NAME OF OFFENDER

DOC NUMBER

DATE OF BIRTH

NAME OF DOCTOR(S)

I HEREBY AUTHORIZE THE ABOVE NAMED DOCTOR(S) AND CORRECTIONAL MEDICAL SERVICES' EMPLOYEES AND AGENTS TO PERFORM THE FOLLOWING PROCEDURE(S):

RISKS WITH PROCEDURES:

EXPECTED BENEFITS:

I understand the above procedure(s) is/are necessary to treat my condition and has/have been fully explained. I also understand the nature of the risks associated with the procedure(s).

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made as to the result of the procedure(s).

I sign this willingly and voluntarily in full understanding of the above.

OFFENDER SIGNATURE

WITNESS

DATE

TIME

☐ A.M.

☐ P.M.

WITNESS

MO 931-3631 (1-98)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INFORMED CONSENT

DATE

NAME OF OFFENDER

DOC NUMBER

DATE OF BIRTH

NAME OF DOCTOR(S)

I HEREBY AUTHORIZE THE ABOVE NAMED DOCTOR(S) AND CORRECTIONAL MEDICAL SERVICES' EMPLOYEES AND AGENTS TO PERFORM THE FOLLOWING PROCEDURE(S):

RISKS WITH PROCEDURES:

EXPECTED BENEFITS:

I understand the above procedure(s) is/are necessary to treat my condition and has/have been fully explained. I also understand the nature of the risks associated with the procedure(s).

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made as to the result of the procedure(s).

I sign this willingly and voluntarily in full understanding of the above.

OFFENDER SIGNATURE

WITNESS

DATE

TIME

☐ A.M.

☐ P.M.

WITNESS

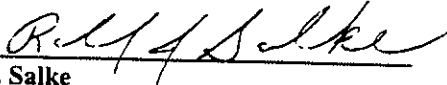
MO 931-3631 (1-98)

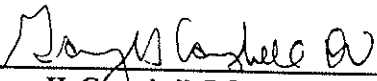
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL


IS11-69


Participation in Executions
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, DO
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that health care staff do not participate in offender executions.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Execution:** The process by which an offender is put to death, in compliance with a legal court sentence.
- III. **PROCEDURES:**
- A. The health care staff shall not participate in any activities related to the implementation of an authorized execution. This includes, but is not limited to: pre-execution physical examinations, initiating an intravenous portal, administration of lethal substances, or witnessing and pronouncement of death.
- B. The medical director or psychiatrist may prescribe medication for the offender to relieve anxiety, when medically indicated. Nursing staff may administer this medication.
- C. The superintendent/designee should obtain the services of outside providers as needed.
- D. Executions are not medical procedures and should not occur in the medical unit.

Effective Date: October 15, 1999

IV. ATTACHMENTS:

A. None

V. REFERENCES:

A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-69

VI. HISTORY: This policy previously covered by IS11-11 and IS11-11.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

A. Original Effective Date: August 15, 1994


B. Revised Effective Date: October 15, 1999

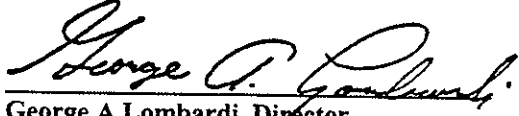
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

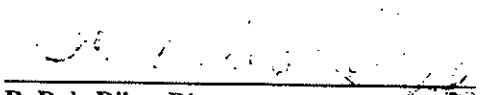
IS11-68 Forensic Information
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that medical staff members are prohibited participate from the collection of forensic information.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Forensic information:** Forensic information is that medical information which is related to the law, as in autopsy proceedings, the determination of death or cause of death, or in the determination of sanity.
- III. **PROCEDURES:**
- A. Forensic evaluations and procedures should be referred to outside providers.
- B. Court-ordered laboratory tests or radiology procedures for a particular offender may be performed by the medical staff with the consent of the offender. If the offender refuses, CMS will recommend to the department that an outside consultant be obtained.
- C. Medical staff should not perform, or train correctional staff to perform body cavity searches conducted for reasons of security. The body cavity searches conducted for reasons of security should be done in privacy by outside health care providers.

Effective Date: October 15, 1999

- D. In the case of sexual assault, the offender shall be treated according to IS11-57 Sexual Assault.
- E. The use of the medical staff for collecting specimens for DNA analysis is appropriate under the following conditions:
 - 1. a therapeutic relationship does not exist between the medical staff member and the offender.
 - 2. the offender has given voluntary consent.
 - 3. the medical staff is not involved in any punitive action taken as a result of an offender's non-participation in the collection process.

IV. ATTACHMENTS:

None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-68
- B. IS11-57 Sexual Assault

VI. HISTORY: This policy covered by IS11-10 and IS11-10.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

BOB HOLDEN

Governor

GARY B. KEMPKER

Director



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Jefferson City, Missouri 65102

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TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Excelleum Conamur - "We Strive Towards Excellence"

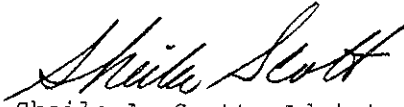
OFFICE OF INSPECTOR GENERAL

Compliance Unit

M e m o r a n d u m

DATE: April 22, 2004

TO: Institutional Services Policy and Procedure Manual Holders

FROM: 
Sheila A. Scott, Administrative Analyst III

SUBJECT: IS11-67.1 Forced Involuntary Medical Treatment

Attached is the procedure covering IS11-67.1 Forced Involuntary Medical Treatment which goes into effect on May 21, 2004. This procedure has been developed by CMS and DORS staff and should be reviewed in its entirety.

Please review this procedure and place appropriately in your manual.

SAS:vf

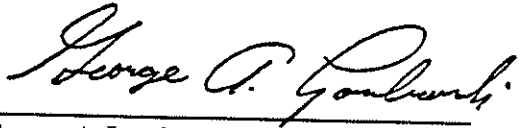
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-67 Forced Psychotropic Medications
(Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** To provide guidelines for the use of psychotropic medication when an offender will not accept medication voluntarily.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. The offender has the right to refuse psychotropic medication except in an emergency situation or if the correctional system has initiated an approved administrative review process for involuntary medication. Psychotropic medications should not be forcefully administered by health care staff unless a court order exists or there is imminent danger to self/others.
- B. The health care staff should encourage the offender to take medication voluntarily. Many mentally ill offenders can be persuaded with patience and compassion.
- C. If the offender continues to refuse, another medical staff member, if available, should attempt to persuade the offender to reconsider. Whenever possible, the psychologist should be utilized.
- D. If the offender continues to refuse treatment after all efforts have been exhausted, provided there is no acute or emergency need for medication (i.e., suicidal or explosive behavior), the offender should be referred to the psychologist.

Effective Date: October 15, 1999

- E. In the event of an emergency in which the offender presents an immediate threat to self (suicidal or self-harm) or others (assaultive, explosive behavior), the psychologist or physician should be contacted immediately.
- F. A specific order specifying date, time, and exact need for forced psychotropic medication should be obtained from a physician.
- G. Sufficient personnel should monitor and review instances of forced psychotropic medication.

IV. ATTACHMENTS

None.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-67

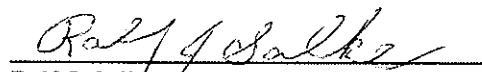
VI. HISTORY: This policy was originally covered by IS11-67, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

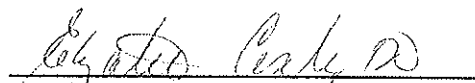
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

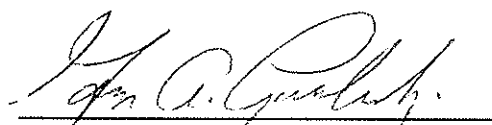
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

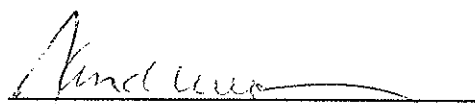
**IS11-67.1 Forced Involuntary
Medical Treatment**

Effective Date: May 21, 2004


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
**Division of Offender Rehabilitative
Services**

- I. Purpose:** To establish guidelines for implementation of medical treatment when an offender will not voluntarily accept treatment presenting a significant risk of harm to self or others.
- A. AUTHORITY:** 217.040, 217.175, 217.320, 217.010, 217.420, 475.010 RSMo, and NCCHC Standards for Health Services in Prisons, 2003.
- B. APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. DEFINITION:**
- A. Director of Nursing:** Serves as the responsible director of nursing services for an assigned facility or region, (site/facility operations), overseeing all nursing operations for the offender population; ensures the nursing services provided comply with applicable Federal, State, and Local laws and regulations, as well as department contract requirements and National Commission of Correctional Healthcare health related standards. (Applicable to site and regional contract provider services, not to be confused with MDOC chief of nursing services.)
- B. Forced Medical Treatment:** Treatment against an offender's will in response to a medical need for treatment determined by the responsible physician involving a significant risk of harm to self or others without treatment.
- C. Health Services Administrator:** Serves as the site medical health administrative authority responsible for the delivery of contract services at her/his assigned institution.

Effective Date:

May 21, 2004

- D. **Least Restrictive Environment:** That there be imposed only such restraint as is necessary to prevent the offender/patient from injuring self or others and to provide the offender with such care and treatment as are appropriate for the offender with consideration of his/her physical and mental condition.
- E. **Medical Care and Treatment:** Prevention, improvement, or cure of a person's physical and mental illness or incapacity to include diagnostic testing, medications, and alternatives to protect health and well being.
- F. **Medical Director:** Serves as the responsible physician for a specific region or department, overseeing all physicians providing health care for the offender population; ensures the health services provided comply with applicable Federal, State, and Local laws and regulations, as well as department contract requirements and NCCHC/ACA health related standards.
- G. **Medical Director/Responsible Physician:** Serves as the site responsible physician for his/her assigned institution.
- H. **Minor:** Any person under the age of eighteen years, unless emancipated by order of the court.
- I. **Regional Administrator:** Serves as the administrative health authority for a specific region or department; is responsible for the delivery of contract healthcare services in assigned institutions under contracted services of the Missouri Department of Corrections.
- J. **Superintendent:** Chief administrative officer, the institutional head or designee of any correctional facility within the Missouri Department of Corrections.

III. PROCEDURES:

- 1. Upon the recommendation of an attending physician, psychiatrist, psychologist, surgeon or dentist, the Superintendent of the facility may authorize medical, surgical, or dental care and treatment, respectively, as may be required by the condition of the offender.
 - a. Except in the case of an emergency, major surgery or administration of general anesthetic may not be performed without informed consent from an offender.
 - b. Except in the case of an emergency, an offender may not be compelled or forced to have medical care that is contrary to the offender's professed religious tenets and beliefs without a court order.
 - 1. The offender's professed religious tenet or belief are declared, documented and recorded in the offender's classification record.
 - 2. If an offender professes a new religious tenet or belief at the time of recommendation for treatment, the institutional chaplain and superintendent shall review and determine the nature of the religious tenet so as to affect the recommendation of treatment.
 - c. Except in the case of an emergency, the permission of a parent or guardian for medical care and treatment of a minor aged offender must be obtained, in those cases where the permission of an adult offender would otherwise be required.

- d. When possible medical staff should fully explain the necessary treatment and possible complication that may result of refusal of such treatment and document this in the medical accountability record system.
2. When an offender refuses treatment which is determined by the responsible physician to place the offender's physical well being at risk, the physician will submit a written explanation of the offender's medical condition, recommendations for diagnostic testing or procedures, medications, treatments, or any other medical care that may be needed to the institutional superintendent for authorization of medical care and treatment as may be required by the condition of the offender.
 - a. This is also entered into the referral section of the medical accountability records system (MARS) as a referral to the regional medical director of health services.
 - b. The written recommendations for medical care and treatment will include a diagnosis or medical problem requiring treatment, the medical care and treatment including diagnostic testing and medications to be provided, expected length of treatment, and prognosis expected.
 - c. The offender's next of kin identified by the offender, as an emergency contact should be contacted.
 1. If the offender does not wish a family member to be contacted, the offender will be given a Refusal of Treatment/No Show form (Attachment A) to sign.
 - d. If a legal guardian exists, efforts will be made to contact that individual as well.
3. A written directive from the institutional superintendent should be issued to the institutional responsible physician and health service administrator authorizing medical staff to proceed with the medical care and treatment including diagnostic testing, treatments, medications and other medical care as necessary to protect the offender's health and well being.
 - a. The written directive should offer such assistance, as medical staff might need to use force to compel the offender to comply with the directive of the physician
 - b. Efforts of persuasion should be used in every case to avoid a use of force whenever possible. These efforts should be documented in the offender medical record.
4. A daily report may be provided to the institutional superintendent/designee by the health services administrator/designee if the offender's condition is serious.
 - a. At a minimum the health service administrator or designee should provide a weekly report to the superintendent/designee, regional medical director, regional administrator, regional director of nursing and MDOC monitoring team.
 - b. Should the treatment be required for more than 7 days or offender's medical situation changes dramatically, the responsible physician should resubmit recommendations for continued medical care and treatment in the same manner as outlined above.

5. The regional medical director/designee will track all offenders on involuntary treatment.

IV. ATTACHMENTS

- A. 931-1832 Refusal of Treatment/No Show

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. P-I-02 Emergency Psychotropic Medication – *essential*.
- B. IS11-41.2 Hunger Strike
- C. IS11-66.2 Use of Medical Restraints
- D. IS11-67 Forced Psychotropic Medication
- E. IS11-70 Informed Consent
- F. IS11-71 Right to Refuse Treatment
- G. IS12-6.1 Forced and Involuntary Psychotropic Medications
- H. IS20-3.1 Use of Force Guidelines
- I. IS20-3.2 Use of Force Reports

VI. HISTORY: Not previously addressed.

- A. Original Effective Date: **May 21, 2004**



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

ATTACHMENT A

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH

REFUSAL OF TREATMENT

On this date, against medical advice, I am refusing the following treatment:

- ☐ 1. Medical care/treatment _____ MUST COMPLETE
- ☐ 2. Dental care/treatment _____ MUST COMPLETE
- ☐ 3. Mental Health _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services/Mental Health Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental/mental health staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (3-00)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH

REFUSAL OF TREATMENT

On this date, against medical advice, I am refusing the following treatment:

- ☐ 1. Medical care/treatment _____ MUST COMPLETE
- ☐ 2. Dental care/treatment _____ MUST COMPLETE
- ☐ 3. Mental Health _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services/Mental Health Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental/mental health staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

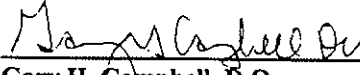
MO 931-1832 (3-00)


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

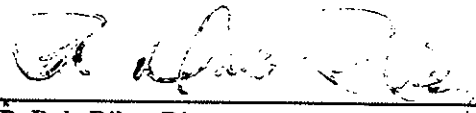
IS11-66.2 Use of Medical Restraints
(Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** To provide guidelines for application and use of medical restraints for mental health reasons. Use of physical restraints should comply with accepted mental health standards and state law and regulations.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. Medical restraints should be used to prevent substantial bodily injury to the offender or others when the offender is out of control due to a mental disorder, but only if all other approaches to the offender's disruptive behavior have failed.
- B. Restraints should not be used as punishment or for the convenience of staff, but only when less restrictive means are not effective or clinically appropriate.
- C. Physical restraint for mental health reasons should be limited to the administrative segregation unit or infirmary which permits frequent medical observation.
- D. The infirmary should be equipped with physical restraints appropriate to use in a treatment setting. Leather padded wristlets and anklets which can be secured to a bed with leather straps are minimal requirements. Refer to IS20-2.3 Mechanical Restraints.

Effective Date: October 15, 1999

- E. The use of cuff and leg irons is not permitted for mental health restraining; however, cuffs and/or leg irons may be authorized by the shift supervisor until such time as the offender is brought into the infirmary and assaultive behavior is controlled or if it is not feasible to use leather restraints.
- F. Health care staff should be trained in the proper application of restraint devices and assist in the training of custody staff, if requested to do so.
- G. Before considering the use of restraints, staff should attempt to assist the offender in gaining control by less restrictive interventions to include but not be limited to:
 - 1. Talking to the offender in a calm manner in an attempt to de-escalate the situation
 - 2. Placing the offender in a seclusion cell
 - 3. Offering medication, if ordered by physician
- H. The use of restraints for mental health purposes requires a physician order except in extreme emergencies. As needed (PRN) orders for restraints are prohibited.
- I. An "emergency restraint order" may be issued by a registered nurse, but a physician should provide a written or verbal order for restraints within one hour of the "emergency restraint order".
- J. Institutional staff without mental health/medical credentials cannot place an offender in restraints for mental health reasons without the authorization of mental health/medical personnel.
- K. In the event an offender in the infirmary poses a security threat, restraints (i.e., cuffs and/or leg irons) may be utilized by the custody staff in accordance with IS20-2.3 Mechanical Restraints.
- L. Physician's orders for restraints should specify the type of restraints, offender placement, the type of clothing or covering the offender may wear, PRN medication, if appropriate, and other special considerations.
- M. The Physician's order for restraints should not exceed eight hours without a medical re-evaluation.
- N. Prior to the expiration of the eight hour order for restraint, medical staff should ensure the physician is contacted for re-evaluation and possible renewal of the order. Re-evaluation may be conducted through telephone consultation with nursing staff.
- O. The Health Services Administrator and Medical Director should be notified when an offender has been restrained for mental health reasons continually for 48 hours.
- P. Restraints should be applied by custody staff with assistance of medical personnel, if requested. Application of restraints should not occur until sufficient custody staff are present.
- Q. Potentially harmful objects which might interfere with the restraints should be removed from the offender (e.g., watches, rings).
- R. Clothing may be removed if clinically appropriate. Minimally, the offender should be provided a paper gown/sheet.
- S. Every effort should be made to ensure offender dignity, but this should be secondary in situations of potential self-harm.

- T. Staff should encourage offender compliance during the application of the restraints by:
 - 1. Calmly explaining the restraint procedure
 - 2. Reasons for decision to restrain
 - 3. The behavior required to terminate use of restraints.

- U. Whenever possible, the offender should be administered medication, if ordered, and permitted bathroom privileges prior to restraint application.

- V. The offender should be monitored at least every 15 minutes by custody staff while restrained. The Close Observation Log (Attachment A) should be completed at each observation to provide documentation of monitoring.

- W. Health care staff should observe the offender at least once every 30 minutes for signs of circulatory, respiratory, or other dysfunction, abrasion, irritation, or injury.
 - 1. Extremities should be monitored for color, temperature, and pulse.
 - 2. Vital signs should be taken and recorded by nursing staff at least once every shift.

- X. If an offender is restrained for an extended length of time, the offender should be provided bathroom privileges, hygiene requirements and exercise sufficient to ensure adequate circulation.
 - 1. The offender's clinical status should determine the manner in which these steps should be completed (e.g., freeing one extremity at a time).
 - 2. If bathroom privileges are denied due to clinical concerns, staff should ensure that cleanliness of the offender is maintained.

- Y. Meals should be provided to the restrained offender, but should consist of "finger food". The offender's head should be evaluated and turned laterally when given food or liquid to prevent choking.

- Z. Health care staff should communicate with the offender at least once an hour whenever the offender is awake to assess the need for continued restraints.

- AA. When health care staff, in consultation with the psychiatrist, determines restraints are no longer needed, the restraints should be removed.

- BB. Restraints should be removed by custody staff with the assistance of the medical staff, if requested. Sufficient custody staff should be present when restraints are removed to provide offender control if needed.

- CC. Documentation of restraint procedures should begin with an entry in the medical record by medical or mental health staff to include, but not be limited to:
 - 1. Offender behavior immediately prior to decision to use restraints
 - 2. Clinical justification for use of restraints rather than less restricted interventions
 - 3. Listing of interventions attempted by staff prior to the decision to restrain
 - 4. Notation of physician contact or attempt to contact
 - 5. Type of restraints ordered
 - 6. Offender behavior during application or restraints

Effective Date: October 15, 1999

- DD. The physician order for restraints should be renewed every eight (8) hours:
1. Indicate reasons for decision
 2. Indicate the objective of the restraints
 3. List the date/time restraint procedure was instituted
- EE. A report detailing situation involving use of physical restraints should be completed by security staff in accordance with institutional procedures.
- FF. Nursing staff should document in the medical record:
1. Vital signs
 2. Care and assessment of offender
 3. Interaction with offender in an on-going manner
- GG. A review of all incidents requiring restraints should be completed by the Health Services Administrator and site Medical Director, to ensure compliance with procedures.
- HH. The decision to remove restraints and clinical justification for the decision should be indicated in the medical record.

IV. ATTACHMENTS

- A. 931-0813 Close Observation Log

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-66.
- B. 1520-2.3 Mechanical Restraints

VI. HISTORY: This policy was originally covered by IS11-66, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CLOSE OBSERVATION LOG

NAME

NAME OF INSTITUTION

DAY

MONTH

YEAR

DOC NUMBER

ROOM/CELL NUMBER

INSTRUCTIONS:

1. A new form is to be utilized for each 24 hour day.
2. Offender is to be checked at least 4 times or more within the hour on an irregular basis, or as designated by the psychologist (suicide)/shift supervisor/medical (other than suicide).

Note: Any staff member making a security check must **PRINT** their complete name and indicate initials.

PRINT NAME	INITIALS	PRINT NAME	INITIALS

SECURITY CHECKS

HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	HOUR	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME
12:00 MIDNIGHT	/	/	/	/	12:00 NOON	/	/	/	/
1:00 A.M.	/	/	/	/	1:00 P.M.	/	/	/	/
2:00 A.M.	/	/	/	/	2:00 P.M.	/	/	/	/
3:00 A.M.	/	/	/	/	3:00 P.M.	/	/	/	/
4:00 A.M.	/	/	/	/	4:00 P.M.	/	/	/	/
5:00 A.M.	/	/	/	/	5:00 P.M.	/	/	/	/
6:00 A.M.	/	/	/	/	6:00 P.M.	/	/	/	/
7:00 A.M.	/	/	/	/	7:00 P.M.	/	/	/	/
8:00 A.M.	/	/	/	/	8:00 P.M.	/	/	/	/
9:00 A.M.	/	/	/	/	9:00 P.M.	/	/	/	/
10:00 A.M.	/	/	/	/	10:00 P.M.	/	/	/	/
11:00 A.M.	/	/	/	/	11:00 P.M.	/	/	/	/
12:00 NOON	/	/	/	/	12:00 MIDNIGHT	/	/	/	/

COMMENTS (Initial each comment)

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-66.1

Mental Health Close Observation
(Essential)


Effective Date: October 15, 1999



Ralf J. Salke

CMS Regional Manager


Gary H. Campbell, D.O.

CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** To establish guidelines to manage offenders whose mental condition creates issues of danger to self or others to the extent the offender requires a single cell assignment and close observation.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. Institutional staff should be trained by the mental health staff in the identification of offenders demonstrating acute psychosis or psychological distress which could place the offender at risk for impulsive, out-of-control behavior. Prior to completion of an evaluation, the offender should be closely observed by classification staff and/or custody.
- B. A qualified mental health professional shall complete an evaluation of the offender to determine the least restrictive environment appropriate for safe management. The evaluation and disposition should be documented in the offender's medical record.
- C. If it is determined that the offender requires single cell assignment for personal safety or the safety of others, an order for placement in administrative segregation should be requested from the physician.

Effective Date: October 15, 1999

D. Close observation procedures:

1. The offender should be placed in a close observation cell in administrative segregation or other designated area by the custody staff. Every effort should be made to ensure the offender's dignity, but this is secondary in situations of potential harm to the offender or others.
2. Custody staff should inspect the cell prior to offender placement to ensure no items are available for potential self-harm.
3. The offender should be given a suicide prevention garment. Access to other personal property should be denied. Cigarettes and matches should be denied.
4. Medical staff should evaluate the medical condition of the offender prior to seclusion placement whenever the mental condition permits.
5. Custody staff should observe the offender frequently, but no less than every 15 minutes. These observations should be documented by completion of the Close Observation Log (Attachment A).
6. The offender should be evaluated daily by the mental health or medical staff. This evaluation should be documented in the offender's medical record and notation made on the Individual Confinement Record (Attachment B).
7. Removal of offender from seclusion requires mental health and security authorization. Order to discontinue seclusion placement and follow-up orders should be documented in offender's Medical Record.
8. Close observation should not be used as punishment or for the convenience of staff, but should be used only when less restrictive means are not effective or clinically appropriate.

IV. ATTACHMENTS

- | | | |
|----|----------|-------------------------------|
| A. | 931-0813 | Close Observation Log |
| B. | 931-3549 | Individual Confinement Record |

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-66.

VI. HISTORY: This policy was originally covered by IS11-66, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- | | | |
|----|--------------------------|------------------|
| A. | Original Effective Date: | August 15, 1994 |
| B. | Revised Effective Date: | October 15, 1999 |



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CLOSE OBSERVATION LOG

NAME

NAME OF INSTITUTION

DAY MONTH YEAR

DOC NUMBER

ROOM/CELL NUMBER

INSTRUCTIONS:

1. A new form is to be utilized for each 24 hour day.
2. Offender is to be checked at least 4 times or more within the hour on an irregular basis, or as designated by the psychologist (suicide)/shift supervisor/medical (other than suicide).

Note: Any staff member making a security check must **PRINT** their complete name and indicate initials.

PRINT NAME

INITIALS

PRINT NAME

INITIALS

SECURITY CHECKS

12:00 MIDNIGHT	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	12:00 NOON	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME	INITIALS/TIME
1:00 A.M.	/	/	/	/	1:00 P.M.	/	/	/	/
1:00 A.M.	/	/	/	/	1:00 P.M.	/	/	/	/
2:00 A.M.	/	/	/	/	2:00 P.M.	/	/	/	/
2:00 A.M.	/	/	/	/	2:00 P.M.	/	/	/	/
3:00 A.M.	/	/	/	/	3:00 P.M.	/	/	/	/
3:00 A.M.	/	/	/	/	3:00 P.M.	/	/	/	/
4:00 A.M.	/	/	/	/	4:00 P.M.	/	/	/	/
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6:00 A.M.	/	/	/	/	6:00 P.M.	/	/	/	/
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8:00 A.M.	/	/	/	/	8:00 P.M.	/	/	/	/
8:00 A.M.	/	/	/	/	8:00 P.M.	/	/	/	/
9:00 A.M.	/	/	/	/	9:00 P.M.	/	/	/	/
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11:00 A.M.	/	/	/	/	11:00 P.M.	/	/	/	/
11:00 A.M.	/	/	/	/	11:00 P.M.	/	/	/	/
12:00 NOON	/	/	/	/	12:00 MIDNIGHT	/	/	/	/

COMMENTS (Initial each comment)



		CELL NUMBER
NAME OF INSTITUTION		ORIGINATING UNIT
TIME RECEIVED T.A.S.C.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE RECEIVED T.A.S.C.

1. PLAN FOR CONFINEMENT

[illegible]

ASSIGNED TO	<input type="checkbox"/> ADMINISTRATIVE SEGREGATION <input type="checkbox"/> DISCIPLINARY SEGREGATION <input type="checkbox"/> OTHER	DATE ASSIGNED
DATE RELEASED FROM CONFINEMENT	RELEASED TO	

[illegible]



NAME OF INSTITUTION

NAME _____

DOC NUMBER

DATE RECEIVED

INSTRUCTIONS

Initial all entries. Place a check under "R" if refused.

B = Breakfast L = Lunch S = Supper

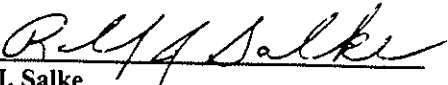
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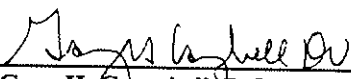
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

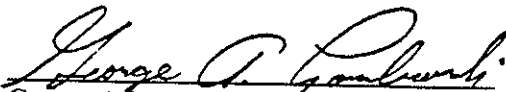
IS11-65

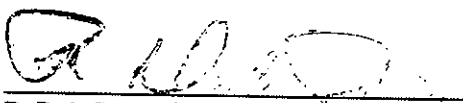
Retention of Medical Records
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that inactive health records are securely stored and easily retrieved and reactivated.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Health Record:** A transcript of information obtained from a patient, guardian, or health care professionals in a written format. It should contain history, diagnoses, treatment, prognosis, etc.
- III. **PROCEDURES:**
- A. The medical record of any offender who is released or discharged should be maintained in the medical records area until reviewed.
- B. The medical records clerk should review the medical records of released/discharged offenders for completeness.
- C. The date of release of the offender should be noted by the medical records clerk in the medical records and that it has been reviewed and all pertinent documents filed.
- D. Inactive medical records should be sealed and sent to the records office in 30 days for placement with the offenders files to be placed into storage.

Effective Date: October 15, 1999

- E. When an offender returns to the custody of the department, any previous medical records shall be reactivated. All new and old information shall be incorporated into one medical record.

IV. ATTACHMENTS:

None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-65

VI. HISTORY: This policy previously covered by IS11-63 and IS11-63.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

IS11-64


Transfer of Medical Records
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


George A. Lombardi, Director
Division of
Adult Institutions


Gary H. Campbell, D.O.
Regional Medical Director


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures that when an offender is transferred to another facility within the same correctional system, the offender's health record is sent to that facility at the same time the offender is moved. To ensure that other health records maintain the offender's confidentiality.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Health Record:** A transcript of information obtained from a patient, guardian, or health care professionals in a written format. It should contain history, diagnoses, treatment, prognosis, etc.
- III. **PROCEDURES:**
- A. Upon notification of an impending offender transfer, the medical record should be reviewed and organized according to the approved format.
1. The Transfer Receiving Screening (Attachment A) shall be completed prior to each transfer.
- B. When an offender is being transferred to another correctional institution, the medical record should be sent with the offender.

Effective Date: October 15, 1999

1. The medical record should be placed in an envelope, sealed and marked "To Be Opened Only By Medical Staff". The envelope should further be labeled with the offender's name and ID number.
 2. The sealed and labeled medical record should be sent to the records office for placement with other offender files for transport with the offender.
 3. Offenders with critical or chronic health problems should have their health record flagged in some fashion to expedite the immediate referral to a medical care provider. This should be followed by a telephone report by the medical director/designee.
- C. A Transfer Receiving Screening (Attachment A) should be completed and sent with the offender transferring to a jail or another state (i.e., court out-count or interstate compact).
- D. Written consent of the offender to provide health information to an off-site specialist providing health care to the offender or to community referrals should be documented on the Pre-Approved Authorization for Release of Information-Medical (Attachment B).
- E. Medical records should be transported in a manner to minimize the risk or unauthorized access. (i.e., by custody staff rather than offender couriers)

IV. ATTACHMENTS:

- | | | |
|----|----------|---|
| A. | 931-3863 | Transfer/Receiving Screening-Medical |
| B. | 931-3811 | Pre-Approved Authorization for Release of Information-Medical |

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-64

VI. HISTORY: This policy previously covered by IS11-62 and IS11-62.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- | | | |
|----|--------------------------|------------------|
| A. | Original Effective Date: | August 15, 1994 |
| B. | Revised Effective Date: | October 15, 1999 |



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
TRANSFER/RECEIVING SCREENING - MEDICAL

Transferring Institution

Inmate Name		DOC Number		Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<input checked="" type="checkbox"/> H <input type="checkbox"/> Other	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Food Handling Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current acute conditions/problems

Current conditions/problems

Current medications - name, dosage, frequency, duration

Acute short-term medications

Chronic long-term medications

Chronic psychotropic medications

Current treatments

Follow-up care needed

Last ppd	Results-MM	If positive - treatment dates	Date of last physical	M-score	Duty status
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Chronic clinics	Specialty referrals
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Significant medical history

Physical disabilities/limitations	Assistive devices/prosthetics	Glasses	Contacts
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Mental health history/concerns

Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HX suicide attempt	<input type="checkbox"/> HX psychotropic medication	<input type="checkbox"/> Previous psychiatric hospitalizations

Signature	Title	Date
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TRANSFER RECEPTION SCREENING	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Receiving Institution
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S.O.A.P. FORMAT

S. Current complaint _____

Current medications/treatment _____

O. Physical appearance/behavior _____

Deformities: acute/chronic _____

P _____ R _____ B/P _____ / _____

A. _____

P. Disposition (instructions: check or circle as appropriate)

- ☐ Routine sick call - instructions given
- ☐ Emergency referral
- ☐ HIV/TB instruction given
- ☐ Physician referral ☐ urgent ☐ routine
- ☐ Medication evaluation
- ☐ Work/program limitation
- ☐ Special housing
- ☐ Specialty referrals
- ☐ Chronic clinics
- ☐ Other
- ☐ Infirmary placement

Other _____

Signature and title _____

PRE-APPROVED AUTHORIZATION FOR RELEASE OF INFORMATION — MEDICAL

INMATE NAME

DOC NUMBER

SOCIAL SECURITY NUMBER

The above named inmate hereby authorize Correctional Medical Systems, its employees, its agents, any of its contracted physicians as well as the Missouri Department of Corrections and any of its employees to release all of my medical records and related information about my medical condition and medical status including copies of written records, and specifically authorize:

- (1) The re-release of any medical records pertaining to myself not created by Correctional Medical Systems, its employees or its contracted physicians, but in Correctional Medical Systems possession because they were sent to Correctional Medical Systems from other health care provider
- (2) The release of any information regarding my HIV status and information that will reveal that I either do or do not have AIDS. I understand that this information may be on medical documents other than the actual lab test. I understand that a release of my medical records includes medical records that may specifically refer to, or indirectly relate to, my HIV/AIDS status and I hereby authorize the release of that information.
- (3) The release of specific information in my medical record may include a history of drug or alcohol abuse or mental health treatment, and I understand such information may be protected by Federal Confidentiality Rule 42 CFR Part II, and hereby expressly authorize the release of that information.

TO THE FOLLOWING INDIVIDUALS

NAME

ADDRESS

TELEPHONE

herby release and hold harmless Correctional Medical Systems, its employees, and its contracted physicians as well as the Missouri Department of Corrections from any liability which may occur as a result of the disclosure and/or dissemination of the records or information contained therein resulting from the access permitted to the authorized persons named above. This consent is valid for forty-five (45) days from the date of signature. I understand that I have the right to revoke this consent in writing at any time during the forty-five (45) day period.

I certify that I am fully aware that certain state and federal regulations as well as policies of some individuals and private agencies require that I voluntarily and knowingly sign this document before Correctional Medical System's, its employees, or its contracted physicians are permitted to disclose any information or release records and documents concerning me. This release authorizes disclosure of information that would otherwise be considered confidential. Photostatic copies of this release shall be considered as valid as the original.

SIGNATURE

DATE

NOTARY
STATE OF MISSOURI
NOTARY PUBLIC STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME THIS
DAY OF

19

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR AREA BELOW.

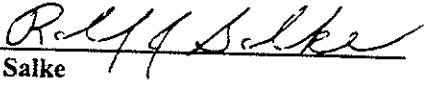
NOTARY PUBLIC NAME (TYPED OR PRINTED)


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

IS11-63


Availability and Use of
Health Records (Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


George A. Lombardi, Director
Division of
Adult Institutions


Gary H. Campbell, D.O.
Regional Medical Director


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I.. **PURPOSE:** This procedure ensures that offenders' health records are made available to, and used for documentation by all health care practitioners in each clinical encounter with patients.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Health Record:** The health record is a transcript of information obtained from a patient, guardian, or health care professionals in a written format. It should contain history, diagnoses, treatment, prognosis, etc.
- III. **PROCEDURES:**
- A. The appropriate offender's medical record should be available to the health care professional for each patient encounter.
- B. The availability of the medical record facilitates early and correct diagnosis based on review of prior symptoms and findings, and permits coordination of treatment by multiple providers.
- C. The medical records are to be kept in a secured locked area while not in use.

Effective Date: October 15, 1999

- D. Each clinical encounter must be documented in the medical record by the appropriate health care professional, to include a description of the encounter, time, date and identification of the health care professional.
- E. Offenders on temporary housing status at another institution, should have their medical records sent to the medical unit of the temporary institution.

IV. ATTACHMENTS:

None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-63

VI. HISTORY: None

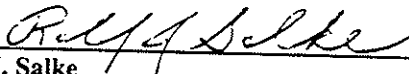
- A. Original Effective Date: October 15, 1999


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

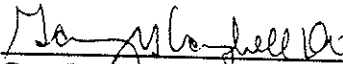
IS11-62


Sharing of Information
(Essential)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


George A. Lombardi, Director
Division of
Adult Institutions


Gary H. Campbell, D.O.
Regional Medical Director


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that the Medical Director has access to information contained in the offender's confinement record when the health authority determines that such information may be relevant to the offender's health and course of treatment. Also ensures that correctional staff are advised of an offender's health status in order to preserve the health and safety of that offender, other offenders, or the correctional staff.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A: None
- III. **PROCEDURES:**
- A. The medical director or designees, should be given access to information from an offender's arrest and confinement record when medical judgment deems such to be relevant to the offender's health and course of treatment. This request for information must be made by the medical director/designee and addressed to the superintendent/designee.

Effective Date: October 15, 1999

- B. Release of relevant medical information to institutional administrative personnel may only be made by the health services administrator or medical director and is governed by the "need to know" tenets.

1. The health services administrator, medical director or designee, should communicate offender disease manifestations, mental instabilities, physical limitations, medication side-effects, and communicable diseases which may require special precautions by staff.
2. The health services administrator, medical director or designee, should communicate chronic illnesses requiring special precautions, housing and/or work conditions, in writing, to the appropriate classification staff. Conditions include, but are not limited to:
 - a. diabetes
 - b. epilepsy
 - c. suicidal ideation
 - d. medications with potential harmful side-effects
 - e. tuberculosis

- C. The health services administrator should follow the OSHA Final Rule: Bloodborne Pathogens and relevant statutes regarding the release of information regarding the HIV and Hepatitis status of offenders.

- D. The department employee health services coordinator should be notified of infectious disease where department staff exposure is possible. This should be completed in a timely manner so proper procedures may be implemented.

IV. ATTACHMENTS:

- A. None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-62
- B. OSHA Final Rule: Bloodborne Pathogens

Effective Date:

VI. **HISTORY:** This policy previously covered by IS11-61 and IS11-61.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



DEPARTMENT OF CORRECTIONS

Dora B. Schiro, Ed.D., Director

2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
573 - 751-2389 TDD Available
573 - 751-4099 (Fax)

MEMORANDUM

DATE: December 29, 2000

TO: Institutional Services Manual Holders

FROM: *George A. Lombardi*
George A. Lombardi, Director
Division of Adult Institutions

William F. Potter
William F. Potter, Director
Division of Offender Rehabilitative Services

Ralf J. Salke
Ralf J. Salke, CMS Regional Manager

Lance Luria
Lance Luria, M. D.
CMS Regional Medical Director

SUBJECT: Revision to IS11-61 Confidentiality of Health Records
and Health Information (Essential)

The following revisions will become effective immediately:

I. PURPOSE:

A. AUTHORITY: Add reference to 217.075 RSMo

III. PROCEDURES: The following is a replacement for III. M.
and will read as follows:

M. Non-medical staff may in the course of their duties observe or overhear confidential medical, mental health and/or substance abuse treatment information. All staff should be aware that the confidentiality of this information is protected by law. Staff will not disclose confidential information without proper authorization. Staff who do disclose confidential information are subject to disciplinary action and/or possible prosecution.

Please place this memorandum in front of the procedure currently in your manual for reference until the procedure is revised.

GAL/WFP/RJS/LL/SAS

★ ★ AN EQUAL OPPORTUNITY EMPLOYER ★ ★

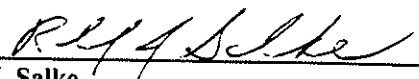
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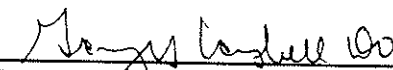
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MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL


IS11-61 Confidentiality of Health Records and Health
Information (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures the principle of confidentiality of offender health records and information, by securing these documents under secure conditions that are separate from custody records.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Confidentiality:** The concept of confidentiality protects the information the health care team obtains from or about a patient as privileged information and thus cannot be disclosed to a third party without the patient's consent.
- III. **PROCEDURES:**
- A. All active and inactive medical records should be maintained in files in a secured locked area that is completely separate from offenders' confinement records. This records area should not be left unattended by the health care staff when the area is not locked. Access to the medical records is controlled by the health services administrator/designee.

- B. The health services administrator should maintain current information concerning rules and regulations regarding the confidentiality of medical records and types of information that may or may not be shared with a third party. Health care staff should notify the offenders when local, state or federal laws allow certain exceptions to the maintenance of confidentiality, and medical information is to be shared.
- C. The confidentiality of health records and information should be included in health services staff orientation training, and should be reviewed by all staff members periodically.
 - 1. Health services staff should be reminded not to discuss patients' health information in front of security staff or offenders, including those working in or near the health services area.
 - 2. Non-medical staff who observe or overhear a clinical encounter should be instructed that they also are required to maintain confidentiality.
- D. Medical records, or copies of medical records, may accompany an offender to another provider, facility or legal proceeding. If these medical records are transported by non-medical staff, they must be sealed and should only be opened by medical personnel.
- E. Upon written consent of an offender, summaries of medical records should be forwarded to community health care providers caring for the offender after release from the department.
- F. Health care staff should obtain consent for release of medical records information by completing a Pre-approved Authorization for Release of Information-Medical.
- G. The offenders' medical records should be sent to that institution's medical unit, when an offender is transferred to another institution.
- H. The health services administrator should share with institutional administration information regarding an offender's medical management, security and ability to participate in programs only on a "need to know" basis.
- I. Telephone inquiries regarding an offender's medical condition should be forwarded to the medical director or health services administrator.
- J. Telephonic reports may be provided to third parties when an offender provides consent by signing a Release (Verbal) of Medical Information Authorization (Attachment B).
- K. Individuals allowed to release such information shall be designated in each institution's standard operating procedure (SOP).
- L. HIV Sero-status will not be shared with others unless the offender has provided express written consent specific to their HIV sero-status. Test results will not be released with a routine release of information.
- M. Employees who breach confidentiality may be subject to discipline.

IV. ATTACHMENTS:

- A. 931-3811 Pre-Approved Authorization for Release of Information-Medical
- B. 931-3532 Release (Verbal) of Medical Information Authorization

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-61

VI. HISTORY: This policy previously covered by IS11-60 and IS11-60.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

PRE-APPROVED AUTHORIZATION FOR RELEASE OF INFORMATION — MEDICAL

INMATE NAME

CDC NUMBER

SOCIAL SECURITY NUMBER

The above named inmate hereby authorize Correctional Medical Systems, its employees, its agents, any of its contracted physicians as well as the Missouri Department of Corrections and any of its employees to release all of my medical records and related information about my medical condition and medical status including copies of written records, and specifically authorize:

- (1) The re-release of any medical records pertaining to myself not created by Correctional Medical Systems, its employees or its contracted physicians, but in Correctional Medical Systems possession because they were sent to Correctional Medical Systems from other health care provider
- (2) The release of any information regarding my HIV status and information that will reveal that I either do or do not have AIDS. I understand that this information may be on medical documents other than the actual lab test. I understand that a release of my medical records includes medical records that may specifically refer to, or indirectly relate to, my HIV/AIDS status and I hereby authorize the release of that information.
- (3) The release of specific information in my medical record may include a history of drug or alcohol abuse or mental health treatment, and I understand such information may be protected by Federal Confidentiality Rule 42 CFR Part II, and hereby expressly authorize the release of that information.

TO THE FOLLOWING INDIVIDUALS

NAME

ADDRESS

TELEPHONE

hereby release and hold harmless Correctional Medical Systems, its employees, and its contracted physicians as well as the Missouri Department of Corrections from any liability which may occur as a result of the disclosure and/or dissemination of the records or information contained therein resulting from the access permitted to the authorized persons named above. This consent is valid for forty-five (45) days from the date of signature. I understand that I have the right to revoke this consent in writing at any time during the forty-five (45) day period.

I certify that I am fully aware that certain state and federal regulations as well as policies of some individuals and private agencies require that I voluntarily and knowingly sign this document before Correctional Medical System's, its employees, or its contracted physicians are permitted to disclose any information or release records and documents concerning me. This release authorizes disclosure of information that would otherwise be considered confidential. Photostatic copies of this release shall be considered as valid as the original.

SIGNATURE

DATE

NOTARY

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME THIS
DAY OF

19

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC NAME (TYPED OR PRINTED)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
RELEASE (VERBAL) OF MEDICAL INFORMATION AUTHORIZATION

NAME OF INSTITUTION

NAME

REGISTER NUMBER

I hereby authorize and request that the below indicated information be verbally released by officials of the Missouri Department of Corrections to my family member stated below.

FAMILY MEMBER NAME

DATE OF BIRTH

ADDRESS (INCLUDING CITY, STATE AND ZIP CODE)

USE FOR WHICH THIS INFORMATION IS RELEASED

ADDITIONAL INFORMATION AUTHORIZED TO BE RELEASED

OFFICIAL SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

NOTE: All non-medical information requests such as medical facility, location, visits, mail, phone calls, etc., must be referred to the Central Transfer Unit at 314/751-5347.

ADDITIONAL FACILITY (NAME AND LOCATION) (DO NOT RELEASE THIS INFORMATION)

1-1992 (11-199)

DISTRIBUTION: WHITE-CENTRAL TRANSFER UNIT, CANARY-INSTITUTIONAL HEALTH CARE SUPERVISOR



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
RELEASE (VERBAL) OF MEDICAL INFORMATION AUTHORIZATION

NAME OF INSTITUTION

NAME

REGISTER NUMBER

I hereby authorize and request that the below indicated information be verbally released by officials of the Missouri Department of Corrections to my family member stated below.

FAMILY MEMBER NAME

DATE OF BIRTH

ADDRESS (INCLUDING CITY, STATE AND ZIP CODE)

USE FOR WHICH THIS INFORMATION IS RELEASED

ADDITIONAL INFORMATION AUTHORIZED TO BE RELEASED

OFFICIAL SIGNATURE

DATE

STAFF WITNESS SIGNATURE

DATE

All non-medical information requests such as medical facility, location, visits, mail, phone calls, etc., must be referred to the Central Transfer Unit at 314/751-5347.

ADDITIONAL FACILITY (NAME AND LOCATION) (DO NOT RELEASE THIS INFORMATION)

1-1992 (11-199)

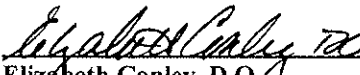
DISTRIBUTION: WHITE-CENTRAL TRANSFER UNIT, CANARY-INSTITUTIONAL HEALTH CARE SUPERVISOR

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

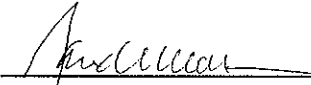
IS11-74 Do Not Resuscitate

Effective Date: August 29, 2003


Ralf Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure is designed to establish policies and procedures regarding "Do Not Resuscitate" (DNR) orders consistent with sound medical standards, Missouri Department of Corrections.

- A. **AUTHORITY:** 194.005, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedures specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

- A. **Death (Legal Definition):** Missouri Revised Statutes, Chapter 194, Death – Disposition of Dead Bodies, Section 194.005: For all legal purposes, the occurrence of human death shall be determined in accordance with the usual and customary standards of medical practice, provided that death shall not be determined to have occurred unless the following minimal conditions have been met:
1. when respiration and circulation are not artificially maintained, there is an irreversible cessation of spontaneous respiration and circulation, or
 2. when respiration and circulation are artificially maintained and there is a total and irreversible cessation of all brain function, including the brain stem and such determination is made by a licensed physician.
- B. **Do Not Resuscitate (DNR):** A form or written statement in the medical chart of an offender that indicates resuscitative measures or advanced cardiac life support techniques will be withheld in the event of cardiac or pulmonary arrest.
- C. **Imminent:** Ordinarily when death is expected within days to weeks.

Effective Date:

- D. **Legally Acceptable Agent:** A personal agent designated by the offender and recognized by state law to make health care decisions for the offender. Currently, Missouri law recognizes properly appointed guardians, or an individual legally recognized in a living will or a durable power of attorney for health care decisions.
- E. **Medical Futility:** A decision a physician makes when there is a high degree of probability that a medical treatment cannot accomplish its goal.
- F. **Recognized Medical Standards:** A do not resuscitate order must be consistent with community medical practice, and in no way should be associated with assisting suicide, voluntary euthanasia or expediting the death of an offender.
- G. **Revocation:** For the purpose of this procedure revocation is when an offender communicates, in any manner, his/her wishes to discontinue a do not resuscitate order.
- H. **Terminal Illness or Injury:** A progressively deteriorating condition that is life threatening and determined to be incurable with currently available technology. Death would be anticipated from this illness or injury within the foreseeable future, regardless of the administration of life sustaining treatment.

III. PROCEDURES:

- A. When an offender's condition is considered terminal, or at the offender's request, the following steps shall be taken:
 - 1. If the offender is competent to participate in the decision, valid written expressions of the offender's decision regarding do not resuscitate orders shall be honored.
 - a. If no current valid written expression exists, the attending physician may recommend that a do not resuscitate order be considered if the offender suffers from a terminal illness and the do not resuscitate order meets sound medical standards.
 - 1. For the do not resuscitate order to be completed, the attending physician shall make the necessary offender disclosure on the Do Not Resuscitate-Informed Consent form (Attachment A).
 - 2. In order to make full disclosure, the attending physician will disclose with the appropriate individual (offender, next of kin, or legally acceptable agent) the following:
 - (A) the offender's medical history;
 - (B) diagnosis (to the extent allowed by law) and prognosis;
 - (C) the treatment attempted;
 - (D) other medical treatments available and their benefits and risks or medical futility; and
 - (E) the physician's decision for a particular course of action and the basis for such a decision.

Effective Date:

3. This form must be completed by the attending physician who will verify the medical appropriateness of the do not resuscitate order.
- b. The offender's informed consent must be obtained along with the concurrence of the regional medical director or his/her physician/designee.
 1. The following elements must be met in order to obtain informed consent:
 - (A) the offender must be competent as determined by a licensed physician (have the capacity to reason and make judgments);
 - (B) the consent must be voluntary; and,
 - (C) the individual must have an understanding of the risks and benefits of the treatment alternatives and the nature of the disease (to the extent allowed by law), their medical history and their prognosis.
- c. A staff member in attendance will witness the offender's informed consent.
- d. When a physician is not on-site and a do not resuscitate order is requested or warranted, the nursing staff will assess and discuss the offender's situation with the offender's designee.
 - (1) The nursing staff will contact the attending physician or on-call medical director and obtain, if indicated, a verbal do not resuscitate order and will document such in the offender's medical record. At least 2 nurses will witness this order.
 - (2) The regional medical director or physician/designee will be contacted by nursing staff for approval of the do not resuscitate order request.
 - (3) The attending physician and/or medical director will sign the Do Not Resuscitate – Informed Consent form the next working day and the form will be forwarded immediately to the regional medical director for signature.
- e. The completion of the Do Not Resuscitate – Informed Consent form by the attending physician and regional medical director or physician/designee will become a valid physician order to withhold all efforts at resuscitation.
 - (1) The original form will be placed in the designated do not resuscitate and advance directives section of the offender's medical record.
 - (2) A copy will be forwarded to medical records staff to enter the do not resuscitate order into the electronic medical file.
 - (3) A copy will be placed in the transitional care unit file upon admission.
- f. The completion of the Do Not Resuscitate – Informed Consent form by the on-site or on-call medical director (acting as the regional medical director) will become a valid physician order to withhold all efforts at resuscitation when the regional medical director or physician/designee is not immediately available.

Effective Date:

- (1) A copy of the original form will be placed in the physician's orders section of the offender's medical record with the original to be delivered to the regional medical director's office for his/her signature.
 - (2) The original will then be returned to the offender's chart and the copy removed.
- B. If the offender is unconscious or because he/she is incompetent or unable to make his/her own decision and, next of kin or a legally acceptable agent exists, the following procedures will be followed when 2 physicians have determined that the offender is unable to give informed consent.
 1. If the offender has made a valid written expression of his/her wishes concerning a do not resuscitate order, the offender's wishes shall be honored.
 2. When the offender has made no valid written expression of his/her wishes concerning a do not resuscitate order and he/she is presently unable to do so, the attending physician will attempt to contact the next of kin, or when appropriate, the legally acceptable agent.
 3. The attending physician will make every reasonable effort to obtain the written concurrence from such individual of their informed consent and will document the conversations in the physician's progress report.
 4. If the next of kin or legally acceptable agent instructs the department of corrections to pursue every means available to maintain the life of the offender, the physician will document the conversation in the physician's progress notes and will, within sound medical standards and when medical futility does not exist, abide by such instructions.
 5. Medical staff will make every reasonable effort to obtain written concurrence from the next of kin or legally acceptable agent. However, in the absence of written concurrence, telephonic informed consent with adequate documentation in the physician's progress notes will be accepted. Telephone consent will be verified by 2 staff members.
 6. The Authorized "DNR" Order-Not Competent form (Attachment B) will be completed by the attending physician signed by the attending physician and the regional medical director or physician/designee and any supporting documents will be attached.
 - a. The completed Authorized "DNR" Order-Not Competent form will become a valid physician order to withhold all efforts at resuscitation.
 - (1) The original form will be placed in the designated do not resuscitate and advance directives section of the offender medical record.
 - (2) A copy will be forwarded to medical records staff to enter the do not resuscitate order into the electronic medical file.
 - (3) A copy will be placed in the infirmary/transitional care unit file upon admission.
 7. If the offender is unconscious, incompetent or unable to make his/her own decision and every reasonable effort to contact next of kin or other legally acceptable agent has been fruitless and the offender:
 - a. has not made a valid written expression of his/her wishes concerning a do not resuscitate order;

Effective Date:

- b. resuscitative measures will be taken unless the offender's condition is deemed medically futile.
 - C. When 2 physicians have determined that medical futility exists, the following procedures shall be taken:
 - 1. The attending physician or on-call medical director, in conjunction with the regional medical director/designee, may order, when clinically indicated and based on medical futility, that resuscitative measures be withheld.
 - a. A Do Not Resuscitate (Medical Futility) form, (Attachment C) will be completed by the attending physician.
 - b. The attending physician or on-call medical director's orders to withhold resuscitative measures as part of a do not resuscitate-medical futility order, along with the required authorization from the regional medical director or his/her designee, will be documented in the medical record.
 - (1) A do not resuscitate-medical futility order requires, when possible, that all reasonable efforts will be made to make full disclosure to the offender or his/her next of kin or legally acceptable agent.
 - c. If there is any reasonable doubt about the application of a do not resuscitate order, resuscitation should be initiated.
 - d. A competent offender may, at any time, revoke a do not resuscitate status unless based on medical futility.
- D. Revocation of an offender's do not resuscitate
 - 1. A do not resuscitate order may be revoked by the offender at any time and in any manner.
 - 2. If a do not resuscitate order is revoked, a physician should document the revocation on the original Do Not Resuscitate – Informed Consent form.
 - 3. The offender must sign and date the revocation.
 - 4. The revocation will be documented in the computerized medical record and on the front cover of the medical file.
 - 5. The form will be placed in the medical file.
- E. Documentation
 - 1. Completed Do Not Resuscitate (Medical Futility) forms will be placed in the medical record in the divider designated for do not resuscitate and advance directives.
 - a. A copy will be placed in the infirmary/transitional care unit file upon admission.
 - b. A copy will be forwarded to medical records staff and they will enter the do not resuscitate order into the electronic medical file.

Effective Date:

- c. A copy of the Do Not Resuscitate-Informed Consent form will accompany the offender on any inpatient admittance to an outside hospital.
2. Documentation of the do not resuscitate order and concurrent events will be documented in the physician's progress notes and will make reference to the appropriate do not resuscitate authorization form.
3. The medical records will conspicuously display that a do not resuscitate status has been implemented. This will be documented on the computerized face sheet and on the front outside cover of the medical record jacket.

IV. ATTACHMENTS

- | | | |
|----|----------|---------------------------------------|
| A. | 931-4182 | Do Not Resuscitate – Informed Consent |
| B. | 931-4368 | Authorized "DNR" Order-Not Competent |
| C. | 931-4370 | Do Not Resuscitate (Medical Futility) |

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-I-04 End – Of – Life Decision Making – *important*.
- B. U.S. Department of Justice, Federal Bureau of Prisons, U.S. Medical Center for Federal Prisoners, Springfield, Mo., Policy Number SPG-6031.02c, April 6, 1999.
- C. Council on Ethical and Judicial Affairs, American Association, "Guidelines for Appropriate Use of Do-Not-Resuscitate Orders", JAMA, April 10, 1991, Vol. 265, #14, p.1870.
- D. Clark Chipman et al., "Criteria for Cessation of CPR in the Emergency Department", 10 ANNALS EMERG. MED. Note 17 at –16 (1981).

VI. HISTORY: This policy was originally covered by IS11-74, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: March 26, 2003

- A. Original Effective Date: March 26, 2003
- B. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
DO NOT RESUSCITATE - INFORMED CONSENT

Attachment A (Front)

(PATIENT COMPETENT TO MAKE INFORMED CONSENT)

OFFENDER NAME

DCC NUMBER

INSTITUTION

MEDICAL HISTORY AND DIAGNOSIS

PROGNOSIS

TREATMENT ALTERNATIVES WITH RISKS/BENEFITS

MEASURES TO BE WITHHELD

I understand that I have an illness or injury deemed by my attending physician to be terminal in nature or for which there is sound medical reasons and/or humanitarian reasons to withhold resuscitative measures in the event of a cardiac or respiratory arrest. Further, I understand that attempts at resuscitation would at best serve only to prolong the dying process, and may leave me in greater pain, permanently unconscious, or without brain function.

I request that my attending physician take appropriate action to ensure that resuscitative measures will not be pursued in the event that I should have cardiac or respiratory arrest.

PATIENT

DATE

WITNESS

DATE



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

Attachment B (Front)

AUTHORIZED "DNR" ORDER - NOT COMPETENT

OFFENDER NAME

COC NUMBER

INSTITUTION

The patient identified above does, in my best medical judgment suffer from an illness or injury for which there is no known cure, or for which there is sound medical reasons and/or humanitarian reasons to withhold resuscitative measures in the event of a cardiac or respiratory arrest.

I have, within patient privacy limits, discussed with the patient's next of kin, other authorized agent or conferring physician her/his medical condition, treatment alternatives, prognosis, and any notable issues surrounding an order to withhold resuscitative measures. I am satisfied the authorized agent or conferring physician understands these issues; and that she/he agrees with the recommendation to withhold resuscitative measures in the event of a cardiac or respiratory arrest.

As the attending physician for this patient, I place her/him in a "Do Not Resuscitate" status and will document this in the appropriate physician progress notes as well.

ATTENDING PHYSICIAN

DATE

I am in agreement that the patient identified above does, in my best medical judgment, suffer from an illness or injury for which there is no known cure, or for which there is sound medical reasons and/or humanitarian reasons to withhold resuscitative measures in the event of a cardiac or respiratory arrest.

The next of kin or other authorized agent is aware of the patient's medical condition, treatment alternatives, prognosis, and any notable issues surrounding an order to withhold resuscitative measures. I am satisfied that this person understands these issues and that she/he has given informed consent to the withholding of resuscitative measures in the event of a cardiac or respiratory arrest.

CONFERRING PHYSICIAN

DATE

Upon review of the above information, I concur with the DNR order.

REGIONAL MEDICAL DIRECTOR OR PHYSICIAN DESIGNEE

DATE